

Completed By \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

## Public Schools Behavior Form

### Family Court, Juvenile Division 13<sup>th</sup> Judicial Circuit of Missouri

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ SSN: \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Family Court Liaison (if applicable) \_\_\_\_\_

Reason for Referral: (Attach copy of discipline record with each referral.)

#### School contacts with parents:

☐ Parental Contact Response: ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

☐ Parental Conference Response: ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

☐ In-school suspension; number of days:

☐ Out-of-school suspension; number of days:

☐ Home visit Response ☐ Good ☐ Fair ☐ Poor

☐ Contact with school liaison Deputy Juvenile Officer: Dates:

☐ Contact with other agency personnel; if yes, what agency: \_\_\_\_\_

Attendance Attached ☐ Yes ☐ No IEP/504 ☐ Yes ☐ No